1	٩nn	lication	or Do	rcket	Numbe
•	ามม	IIICALIOII	01 00	CNEL	ITUILIDE

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

(Column 1) (Column 2)							SMALL ENTITY TYPE		00	OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS	79	(Column		COIU	11(11 2)				OR I I		
								RATE	FEE		RATE	FEE
FO	R 	·	NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	39 minus 20= * 1		9		X\$ 9=		OR	X\$18=	342	
IND	EPENDENT CL	AIMS	✓ minus 3 = * /				X42=		OR	X84=	84	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	·
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1166	
CLAIMS AS AMENDED - PART II										ı	OTHER	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=	
AME	Independent	*	Minus	***	- 0. 4.1.4	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	·	OR	+280=	
							ı	TOTAL			TOTAL	
		(O a l		. (0-1	O\	(Oak		ADDIT. FEE		JOI!	ADDIT. FEE	<u> </u>
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1 r		ADDI-	1 1		ADDI
ENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		J ∤	440			000	
							l	+140=		OR	+280=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=-]	X42=	.		X84=	-
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM]	A42=		OR	∧04= ————	
					***	1 2		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		nher Previously Pa					er fou	nd in the ann	ronriate box	in col	lumn 1	